A rare case of spontaneous hyphaema secondary to disseminated intravascular coagulation

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ABSTRACT

Disseminated intravascular coagulation (DIVC) is characterised by systemic activation of blood coagulation, resulting in fibrin formation and microvascular thrombi in various organs, causing multiple organ dysfunction syndrome (MODS). Ocular manifestations commonly affect the posterior segment. We would like to report a rare case of anterior segment involvement secondary to DIVC. A 45-year-old woman with underlying diabetes mellitus, hypertension and end-stage renal failure underwent left below-knee amputation (BKA) for left foot wet gangrene. Premorbidly, she is legally blind in both eyes with a history of left eye (LE) central retinal artery occlusion (CRAO) and right eye (RE) lasered advanced diabetic eye disease (ADED). Three weeks post-surgery, she sustained left proximal femoral artery aneurysm. Blood workup indicated DIVC. The patient then developed a spontaneous hyphaema in her RE. Her anterior chamber was 80% filled with fresh hyphaema, with minimal iris details visible. Bilateral corneas were clear, with no periorbital haematoma. Intraocular pressure (IOP) was normal bilaterally. There was no fundus view of RE. LE fundus showed a pale optic disc. Hourly steroid and daily atropine 1% eyedrops were initiated. Three weeks after DIVC was resolved, hyphaema regressed to 20% of anterior chamber, with blood clot obstructing the pupil. DIVC usually presents ocularly with fundus signs like choroidal haemorrhages due to fibrin formation in the choroidal vasculature and exudative retinal detachments. Eyecare providers should be aware of possible anterior segment involvement, so that prompt diagnosis can be made and timely treatment given.